2005 INDIVIDUAL REFUND TAX RETURN CITY OF CINCINNATI

http://www.cincinnati-oh.gov/citytax REFUND DESK: (513) 352-2558



THIS SPACE IS FOR OFFICAL USE ONLY

	D TO FILE FOR A REFUND OF BOX 5489 CINCINNATI, OH				
MAIL TO. T. O	YOUR SOCIAL SECURITY NUM	<u>'</u>			
COOTT !!	TOUR SOCIAL SECURITY NOW	BER SPOUSE S SOCIAL SECURITI NUMBER			
CCT#					
	YOUR FIRST NAME	YOUR LAST NAME			
	SPOUSE'S FIRST NAME	SPOUSE'S LAST NAME			
	STREET ADDRESS				
OMPLETE THE BLOCKS TO THE RIGHT ONLY					
THIS SPACE IS BLANK OR THE PREPRINTED	CITY	STATE ZIP CODE			
FORMATION IS INCORRECT.					
ESIDENCY STATUS (CHECK ONLY ONE) () FULL YEAR	R RESIDENT () NON-RESIDENT ()	PART YEAR RESIDENT (FROM / TO/			
	DAYTIME	E PHONE #			
DDRESS/ CITY WHERE					
MPLOYED					
DI EASE COMDI ETE DO	OTH THE ADDRESS AND DAYTIM	E DUONE NI IMPED DI OCKS			
FLEASE COMFLETE BC	THE ADDRESS AND DATING	E FHONE NUMBER BLOCKS.			
W-2 EARNINGS (GROSS WAGES, TIPS, SALARIES, CO	MANUSCIONS ETC.) INCLUDE CODIES OF	FALL W2 FORMS			
,	,				
IF YOU HAVE ANY ADDITIONAL TAXABLE INCOM	WE PLEASE USE OUR REGULAR INDIVI	IDUAL TAX RETURN			
LESS UNREIMBURSED EMPLOYEE BUSINES	S EXPENSE				
{INCLUDE COPY OF FEDERAL FORM 2106(EZ)}					
ADHIGTED EADNINGS (************************************	·				
ADJUSTED EARNINGS (LINE 1 MINUS LINE 2) (FULL YEAR RESIDENTS SKIP TO LINE 5				
4) AMOUNT OF LINE 3 ALLOCABLE TO CINCINNATI FROM L-2-C					
(PART YEAR AND NON-RESIDENTS ONLY)					
	LINE 2 OD 4				
CINCINNATI INCOME TAX 2.1% (.021) OF	LINE 5 OR 4.				
TOTAL CINCINNATI TAX WITHHELD BY EN	MPLOYER (S)				
TOTAL INCOME TAXES PAID TO ANOTHER					
CITY OR COUNTY (RESIDENTS OR PART YEAR F	RESIDENTS ONLY)				
TOTAL TAX CREDIT (ADD LINES 6 AND 7)					
ENTER AMOUNT TO BE REFUNDED (L	ESS THAN \$5.00 WILL NOT BE REFUNI	DED)			
CERTIFY THAT I HAVE EXAMINED THIS RETURN INC NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND IRPOSES.		S AND STATEMENTS AND TO THE BEST OF MY HEREIN ARE THE SAME AS FOR FEDERAL INCOME T			
GNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DAT	May the C.I.T.B. discuss this return with the preparer shown to the left? () YES () NO	SIGNATURE OF TAXPAYER OR AGENT DATE			
ME AND ADDRESS OF FIRM OR EMPLOYER	. () 110	SIGNATURE OF SPOUSE DATE			

ITINERARY OF DAYS WORKED OUTSIDE CINCINNATI

PLEASE LIST INDIVIDUAL DATES AND LOCATIONS IN CHRONOLOGICAL ORDER (COPY IF ADDITIONAL SHEETS ARE NEEDED)

Date	Location	Date	Location	Date	Location

TOTAL DAYS ____ TOTAL DAYS ____

FORM L-2-C

COMPUTATION OF TAXABLE INCOME FOR THE YEAR ENDED

The following form may only be completed by a nonresident employee working both in and out of the City of Cincinnati.

NAM	E		SOCIAL	SECURITY NO	
ADDI	RESS		CITY/STATE	ZIP	CODE
NAM	E OF EM	IPLOYER		(Complete form	using black or blue ink only)
PAR	RT I	ALLOCATION OF WAG	E AND SALARY INCO	ME TO THE CIT	TY OF CINCINNATI
1)	TOT	TAL DAYS IN YEAR		•••••	
2)	NO	N-WORKING DAYS			
,	a)	SATURDAYS AND SUND	DAYS NOT WORKED	••••	
	b)	HOLIDAYS			
	c)	SICK LEAVE USED			
	d)	VACATION	•••••	• • • • • • • • • • • • • • • • • • • •	
	e)	OTHER NON-WORKING	DAYS	• • • • • • • • • • • • • • • • • • • •	
	f)	TOTAL NON-WORKING	DAYS (Total Lines 2a thr	ough 2e)	
3)	TOT	TAL DAYS WORKED DURING	G THE YEAR (Line 1 min	us Line 2f)	
4)	TO	TAL DAYS WORKED OUTSI	DE THE CITY OF CINC	INNATI PER ITIN	NERARY
5)		YS WORKED WITHIN THE C			
6)		CINNATI ALLOCATION PER			
-,		(Enter this percentage on Line		· ·	
PAR	RT II	ALLOCATION OF COM	MISSION INCOME TO	O THE CITY OF	CINCINNATI
			_		customer's place of business. Sale
result	ting fro	n phone or mail solicitations from	a Cincinnati location are i	not sales outside Ci	ncinnati.
1)	TO	TAL SALES MADE		\$ 🔲	
2)	SAI	LES MADE IN CINCINNATI		\$,닏닏닏,닏닏닏
3)	SAI	LES MADE OUTSIDE CINCIN	INATI	\$ 🔲	
4)	CIN	CINNATI ALLOCATION PER	RCENTAGE (Line 2 divid	ed by Line 1)	 //
		(Enter this percentage on Lin	ne 4 of the Cincinnati tax r	eturn.)	
EMP	LOYE	E SIGNATURE		DA	ATE

INSTRUCTIONS

Wages and salaries earned outside Cincinnati - complete Part I

Commissions earned outside Cincinnati - complete Part II

Salaries and commissions - complete Parts I and II and provide the amounts of salary and commissions earned.

Part I Total days in the year must be 365 (leap years 366) unless the employment was for less than a full year. An explanation must be included.

If Line 2e is completed, an explanation must be included.

Line 4 - days worked outside Cincinnati

- 1) May not include days included on Lines 2a through 2e.
- 2) Provide an itinerary of dates and locations worked outside Cincinnati.

Part II Calculation is to be completed with the amount of sales made, not the amount of commissions received.

IF FORM L-2-C IS NOT APPLICABLE TO YOUR EMPLOYMENT SITUATION, you must provide a detailed written explanation of how your taxable income was calculated. Unsigned and/or incomplete requests cannot be processed and will be returned to sender.



WITHHOLDING REFUND TAX RETURN INSTRUCTIONS

Use this form if you are an individual who receives wages reported on Form W-2 and you are claiming a refund. DO NOT use this form if you have made estimated payments or receive additional taxable income other than wages.

If the preprinted label is incorrect or blank then fill in the boxes for social security number, name, address, city, state, and zip code.

Indicate if you are a resident of the City of Cincinnati or non-resident. If you were a part year resident of the City please indicate the dates you were a resident.

In the box "Address/City Where Employed", please indicate the actual address of where you performed the services and not just the company headquarters.

<u>Line 1</u>- Enter the amount from box 5 of the W-2 (Qualifying Wages for the Cincinnati Income Tax Return) unless there is an amount excluded from box 5 because the taxpayer was exempt from the Medicare tax in which case that amount must be added to the amount in box 5. Also, income from stock options included in box 5 must be subtracted from the box 5 amount. The portion of severance pay that is subject to Cincinnati tax is based on the percentage of Cincinnati earnings over total earnings for the period during which these benefits were earned. If sufficient data to establish this percentage is not available, the percentage will be developed using the employee's allocation percentages for the most recent three years.

<u>Line 2</u> – Enter the amount of unreimbursed employee business expenses. You must include a copy of federal form 2106 (EZ) to support the deduction. If you have expenses listed on line 4 of Form 2106, a breakdown of these expenses is required. When allocating your income you may not take credit for travel expenses listed on line 3.

Line 3 – Subtract line 2 from line 1.

<u>Line 4</u> – Multiply the percentage from Form L-2-C by the amount on line 3. If you are a resident of the City of Cincinnati you may not allocate days worked out of the city.

Line 5 – Multiply the amount of line 3 or 4 by 2.1%.

<u>Line 6</u> – Enter the amount of withholding taxes paid to the City of Cincinnati. Generally this is Box 19 on the Form W-2 "Local Taxes Paid".

<u>Line 7</u> – Enter the amount of taxes withheld for or paid to another city. Residents of the City of Cincinnati may claim taxes paid to another city up to 2.1% of the Qualifying Wages reported on the W-2. Credit is limited to the local tax rate used (2.1% or less) multiplied by the Qualifying Wages, and is further restricted if the municipality has a wage cap. Part year residents may claim taxes paid to other cities for the part of the year they were a resident. Non-residents may not claim taxes paid to another municipality.

Line 8 - Add lines 6 and 7.

<u>Line 9</u> – Subtract line 5 from line 8.

All of the following items must be included in order for the return to be considered complete:

A signed and dated tax return,

Complete copies of all W-2's that include information in boxes 1, 5, 19, and 20,

Form 2106 with all attachments, if applicable,

Form L-2-C completed, if applicable,

An itinerary of days worked out of the city, if applicable.

If all the information is not included with the tax return it will be considered to be incomplete and may be returned.